

**REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

I hereby revoke all previous powers of attorney given in the applications identified in Appendix A.

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the applications identified in Appendix A, and to transact all business in the United States Patent and Trademark Office connected therewith:

CUSTOMER NUMBER: 20230

Please recognize or change the correspondence address for the applications identified in Appendix A to the address associated with:


CUSTOMER NUMBER: 20230

I am the:

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) is submitted herewith.

SIGNATURE OF ASSIGNEE OF RECORD

Signature  Date 4/4/2012
Name Zilberman L. Vri Telephone +942-10-9939944
Title and Company Dr. CSO VRI-DENT Ltd.

Signatures of all assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.